

**1. Intent of this document**

The In-Take Document and project meeting will allow the members of the Environmental Infrastructure Working Group (EIWG) to evaluate individual projects and assist communities in identifying financing options.

The In-Take Document and Project Meeting process will permit eligible, needed and well-designed projects the opportunity to be considered for funding by one or more of the programs managed by the members of EIWG.

The In-Take Document should be a brief summary of the problem and prior efforts to resolve the problem. If you need assistance in completing this document please call the number listed on the other side.

**2. Applicant**

**a. Check one of the following:**

County \_\_\_\_ City/Town \_\_\_\_ Special Taxing District \_\_\_\_ Other Entity (incl. public or non-profit): \_\_\_\_

**b. Population:** \_\_\_\_\_ (as of 20\_\_)

**c. Net Assessed Valuation:** \_\_\_\_\_

**d. Community:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_

**Zip:** \_\_\_\_\_

**County:** \_\_\_\_\_

**Township:** \_\_\_\_\_

**e. Chief Elected Official:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_

**Fax #:** \_\_\_\_\_

**f. Contact Person:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_

**Fax #:** \_\_\_\_\_

**g. Previous Grant awards ?** Yes \_\_\_\_ No \_\_\_\_ If so, please describe: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**h. Professional Service Contacts** (If any of the services listed below have been hired to assist your community with your project, identify the applicable contact person. Complete this part only if applicable; otherwise, proceed to Section 3):

**Attorney:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_

**Engineer/Architect:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_

**Rate Consultant:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_

**3. Identify the Problem**

**a. The project will:**

- \_\_\_\_ Achieve compliance with a court action, Agreed Order, Commissioner's Order or Consent Decree.
- \_\_\_\_ Address community growth and development needs.
- \_\_\_\_ Protect public health
- \_\_\_\_ Reduce population out-migration or loss of businesses.
- \_\_\_\_ Remove the community from a sewer ban.
- \_\_\_\_ Repair/renovate/upgrade existing facilities.
- \_\_\_\_ Satisfy the requirements for a new NPDES permit.
- \_\_\_\_ Increase water pressure/fire protection
- \_\_\_\_ Improve water filtration/treatment
- \_\_\_\_ Improve/expand distribution or collection system
- \_\_\_\_ Recreate or retain \_\_\_\_ jobs
- \_\_\_\_ Other:

**b. Project description: (Please give details; attach additional pages, if necessary)**

**4. Local Effort**

- a. **Total Property Tax Rate** \_\_\_\_\_
- b. **Water rate (4,000 gal.):** \_\_\_\_\_
- c. **Sewer rate (4,000 gal.):** \_\_\_\_\_
- d. If available, please attach the following information:
  - Most recently adopted **water** and/or **sewer rate ordinance**.
  - List of outstanding loans or bonds.(Both revenue and/or General Obligation)

- 5. a. **Current number of sewer users:** \_\_\_\_\_
- b. **water users:** \_\_\_\_\_

**6. Submit the IN-Take Document to:**

Don Koverman, Executive Director  
Indiana Rural Development Council  
One N Capitol Ave  
IDOC, Suite 600  
Indianapolis, IN 46204  
(317) 232-8776 Fax: (317) 233-3597